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Professionals as Targets in the Culture Wars: A European Perspective

Profissionais de Saúde como Alvo da Guerra Cultural: Uma Perspetiva Europeia

Keywords: Culture; Dissent and Disputes; Europe; Health Personnel; Sexual and Gender Minorities

Palavras-chave: Cultura; Dissidência e Disputas; Europa; Minorias Sexuais e de Género; Pessoal de Saúde

I read with both fear and hope the article where Hadland¹ describes the current process of shaping the public narratives in the United States against lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) people.

LGBTQ, and trans people in particular, face high levels of discrimination and violence worldwide. In Europe there are significant problems in Hungary and Poland² and, even in more liberal countries, both mainstream and social media are increasingly flooded with anti-LGBTQ opinions. The Portuguese Medical Association, for example, still has no initiative specifically targeting LGBTQ individuals or professionals. Furthermore, LGBTQ issues are underrepresented in Portugal's most influential general medical journal (*Acta Médica Portuguesa*) with only three articles specifically addressing LGBTQ health-related issues published in the last ten years.

A recent study pointed out that only 13 out of 31 European countries have legislation that offers protection based on gender identity and/or sex characteristics.³ The increasing politicization of healthcare is potentially dangerous, and may contribute to hinder access to evidence-based care,

increasing mental health-related problems, and to decreased well-being among LGBTQ individuals.

The time to act is now. We need the medical community, professional organizations, health and scientific institutions, national governments, and European organizations⁴ to act quickly to protect LGBTQ individuals and professionals from harassment and discrimination.

PROTECTION OF HUMANS AND ANIMALS

The author declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in 2013.

COMPETING INTERESTS

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The Implementation of a PIPAC (Pressurized Intraperitoneal Aerosol Chemotherapy) Program in Portugal

A Implementação de um Programa de PIPAC (Quimioterapia em Aerosol Intraperitoneal Pressurizada) em Portugal

Keywords: Aerosols/administration & dosage; Antineoplastic Agents/administration & dosage; Hyperthermic Intraperitoneal Chemotherapy; Peritoneal Neoplasms/drug therapy

Palavras-chave: Aerossóis/administração e dosagem; Antineoplásicas/administração e dosagem; Neoplasias Peritoneais/tratamento farmacológico; Quimioterapia Intraperitoneal Hipertérmica

Dear Editor,

Last June, Centro Hospitalar Universitário de São João started a pressurized intraperitoneal aerosol chemotherapy (PIPAC) program, having treated three patients until now.

Despite all the therapeutic advances in oncology, with remarkable survival improvements in different cancers, peritoneal metastasis (PM) continues to be a challenging field with no efficient therapeutic options, other than for a few patients with limited disease that can be candidates for cytoreductive surgery and hyperthermic intraperitoneal chemotherapy (HIPEC). However, the majority will have extensive disease that prevents this strategy.¹

A theory that tries to explain the poor prognosis and the lack of a valid therapeutic option for PM is called the 'plasma-peritoneal barrier'.² This phenomenon is similar to the blood-brain barrier, in which the diffusion of systemic drugs is limited. In 2011, Marc Reymond described an experimental treatment with an optimized technology for the peritoneal delivery of aerosolized chemotherapy.³ It allows to overcome the limitation of systemic chemotherapy in terms of the drug distribution and poor penetration into peritoneal nodules, but also to improve the delivery of peritoneal chemotherapy compared to HIPEC. A PIPAC treatment

consists usually of three sessions across a six-eight-week period. However, in patients with good response, the number of sessions can be extended.¹

Due to the selection bias and lack of randomized trials, it is impossible to properly appraise the survival benefits of this approach. However, the results have been encouraging, with an objective tumor response according to the histological Peritoneal Regression Grading Score of around 70%⁴ and, in some patients, with a reduction in PM that allows subsequent cytoreduction surgery and HIPEC.¹ The research around PIPAC has been focusing on optimizing the procedure as well as treatment regimen/doses to allow the development of clinical trials.

Even though the two surgeons involved in this program took part in the Scandinavian PIPAC Workshop in 2018 and 2019, the pandemic situation prevented this from happening until now. We are very pleased to have this treatment option now available for selected patients with PM from different cancers. In Denmark, all PIPAC procedures are centralized in one center, and we agree that a similar strategy should also be employed in Portugal, to allow the accrual of crucial knowledge and expertise about this treatment. We are collaborating with other PIPAC centers around the world⁵ and have a dedicated multidisciplinary team to evaluate candidate patients referred to our center for this new treatment approach.

AUTHOR CONTRIBUTIONS

TBM: Conception of the original idea; writing of the manuscript.

MA, SM, MG, EB: Revision of the manuscript.

PROTECTION OF HUMANS AND ANIMALS

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